

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		2				
15		3				
16		3				
17	1	1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1	1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1	1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1	1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		1		1		1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		3				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67	1	1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
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89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		1		1		1

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		2				
15		3				
16		3				
17	1					
18		/				
19		/				
20		/				
21		2				
22		2				
23		2				
24		/				
25		2				
26		2				
27		/				
28		/				
29	1					
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36	1	/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43	1					
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		13				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67	1					
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
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81						
82						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.		73				
TOTAL CLAIMS		79				